

MAIL TO:  
Office of the Attorney General  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
Telephone: (916) 323-5079

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

**COMMERCIAL COVENTURER  
ANNUAL REGISTRATION FORM FOR 20 \_\_\_\_**

Section 12599.2, California Government Code  
11 Cal. Code Regs. section 308

Failure to register by January 15<sup>th</sup> annually for each calendar year of solicitation may result in late fees as defined in Government Code section 12586.1.

A CERTIFIED OR CASHIER'S CHECK IN THE AMOUNT  
OF \$350 MUST ACCOMPANY THIS REGISTRATION FORM



**Official Name and Address of Commercial Coventurer:**

Name of commercial coventurer

Address (Do Not Use P.O. Box)

City or Town, State and ZIP Code

CCV Registration Number

Federal Employer I.D. Number

Telephone Number ( )

**Mailing Address (if different from official address):**

Mailing Address

City, State, and ZIP Code

In addition to the OFFICIAL name, enter all other names and addresses under which this commercial coventurer is known or operates:

Legal form of commercial coventurer:

☐ Corporation

☐ Unincorporated Association

☐ Partnership

☐ Sole Proprietorship

State in which organized Date organized

Enter name, individual home address, and relationship to the commercial coventurer of each officer and director of corporation or unincorporated association; each partner in the partnership; or the owner of the sole proprietorship.

Name	Home Address	Title/Relationship to Commercial Coventurer

Identify commercial coventurer's activities:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Auction                       | <input type="checkbox"/> Advertising Sales         | <input type="checkbox"/> Baby Pageant        |
| <input type="checkbox"/> Beauty Pageant                | <input type="checkbox"/> Car Donations             | <input type="checkbox"/> Circus              |
| <input type="checkbox"/> Concert                       | <input type="checkbox"/> Dinner                    | <input type="checkbox"/> Direct Mail         |
| <input type="checkbox"/> Discount Coupons              | <input type="checkbox"/> Door-to-Door Solicitation | <input type="checkbox"/> Entertainment Event |
| <input type="checkbox"/> Honor Boxes                   | <input type="checkbox"/> Magazine Sales            | <input type="checkbox"/> Publication         |
| <input type="checkbox"/> Salvageable Personal Property | <input type="checkbox"/> Safety Products           | <input type="checkbox"/> Sports Event        |
| <input type="checkbox"/> Telemarketing                 | <input type="checkbox"/> Telephone Solicitation    | <input type="checkbox"/> Theater             |
| <input type="checkbox"/> Thrift Store                  | <input type="checkbox"/> Trash Bags                | <input type="checkbox"/> Vending Machines    |
| <input type="checkbox"/> Other:                        |  |  |

Is any director, officer, or employee of the commercial coventurer a director, officer, or employee of any charitable organization with which it has contracted to provide services?

- ☐ Yes ☐ No

If "yes," complete the following:

Name and address of director, officer, or employee of commercial coventurer	Name and address of charitable organization	Relationship of officer, etc. to charitable organization

For each affiliation identified above, attach a copy of the contract between the commercial coventurer and the charity.

Has the commercial coventurer ever had any license, registration or permit denied, canceled, suspended or revoked, or had any official disciplinary or legal action taken against it? Is any such action currently pending against the commercial coventurer or any of its representatives in relation to any fundraising activity?

- ☐ Yes ☐ No

If "yes," complete the following:

Name and address of government agency bringing action	Nature of action. Indicate against whom action was taken and disposition	Date

- ☐ "X" box if attachments are included.

I certify under penalty of perjury that I am authorized to sign this registration form and that the information provided herein, including attachments, is true and complete to the best of my knowledge and belief.

_____ Signature	_____ Printed Name	_____ Title	_____ Date
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